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N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		State File No. <u>401</u>	
1. PLACE OF DEATH				County <u>Pima</u> State <u>ARIZONA</u>		Registered No. <u>517</u>	
Township _____ or Village _____				City <u>Tucson</u>		No. <u>Pima Gen Hosp</u> St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				Length of residence in city or town where death occurred <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S. if of foreign birth? <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.	
2. FULL NAME <u>Mary Indiana Baker</u>				How long in State where death occurred? <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.			
(a) Residence: No. <u>422 East 23 St</u>				St. _____ Ward _____		(If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Seth Baker</u>							
6. DATE OF BIRTH (month, day, and year) <u>Sept 25 1873</u>							
7. AGE		Years <u>65</u>		Months <u>9</u>		Days <u>4</u>	
		If LESS than 1 day, _____ hrs. or _____ min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Georgia</u> (State or Country)							
13. NAME <u>J D Martin</u>							
14. BIRTHPLACE (city or town) <u>Georgia</u> (State or Country)							
15. MAIDEN NAME <u>Jimmie Israel</u>							
16. BIRTHPLACE (city or town) <u>Georgia</u> (State or Country)							
17. INFORMANT <u>Daniel Baker</u> (Address) <u>2330 N. 1st St</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Evergreen Cem</u> Date <u>7 2 39</u> 19							
19. EMBALMER { License No. <u>1604</u> Signature <u>W D Tiedje</u> FUNERAL DIRECTOR <u>W D Tiedje #44A</u> Address <u>Tucson Arizona</u>							
20. Filed <u>July 1</u> , 19 <u>39</u> <u>Lucas H. Howard</u> Registrar							
21. DATE OF DEATH (month, day, and year) <u>June 29, 1939</u>							
I HEREBY CERTIFY that I attended deceased from <u>June 25</u> , 19 <u>39</u> to <u>June 29</u> , 19 <u>39</u>							
I last saw her alive on <u>June 29, 1939</u> ; death is said to have occurred on the date stated above, at <u>9:25 pm</u> .							
The principal cause of death and related causes of importance were as follows: <u>Empyema of Left Bladder</u> Date of Onset <u>June 20 1939</u>							
<u>Decompensation of Heart</u>							
Other contributory causes of importance: <u>Cerebral Atheroma</u> <u>1905</u>							
Name of operation <u>Cholecystectomy</u> Date of <u>June 27-39</u>							
What test confirmed diagnosis <u>apertomy</u> Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify <u>Victor M. Isaac</u> M. D. (Signed) <u>Tucson Arizona</u> (Address)							